



03500.016121

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MUNEKI ANDO

Application No.: 10/054,895

Filed: January 25, 2002

For: IMAGE DISPLAY APPARATUS

)
:
)
:
)
:
)

Examiner: N. Patel
Group Art Unit: 2673
March 17, 2004

RECEIVED

MAR 19 2004

Mail Stop Amendment (Fee)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Technology Center 2600

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Preliminary Amendment filed on March 15, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

03/18/2004 JIBALINAN 00000148 10054895

01 FC:1202
02 FC:1203

1566.00 OP
290.00 OP

2673
[Signature]

In re Application of:

MUNEKI ANDO

Application No.: 10/054,895

Filed: January 25, 2002

For: IMAGE DISPLAY APPARATUS

Docket No.: 03500.016121

Examiner: N. Patel

Group Art Unit: 2673

Date: March 17, 2004

RECEIVED

MAR 19 2004

Technology Center 2600

MAIL STOP AMENDMENT (FEE)
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

 An additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	133	MINUS	46	= 87	x \$9 \$18	\$1,566.00
INDEP. CLAIMS	3	MINUS	3	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						\$ 290.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1,856.00

 °Verified Statement claiming small entity status is enclosed, if not filed previously. A check in the amount of \$ 1,856.00 is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

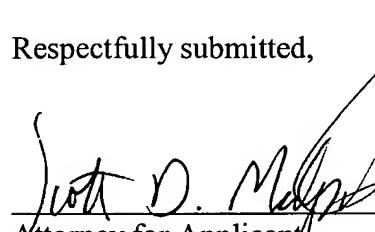
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

SDM\mm

DC_MAIN 160590v1